

EXHIBIT 1

AT 2:40 AM / PM
BY: [Signature]

PROFESSIONAL CIVIL PROCESS

INITIALS: [Signature] LIC# 4574

CAUSE NO. JP01-22-SC00015364

SERVICE COPY

ER NEAR ME

§

IN THE JUSTICE COURT

PLAINTIFF

§

VS

§

PRECINCT ONE

§

AETNA HEALTH AND LIFE INSURANCE

§

TARRANT COUNTY, TEXAS

COMPANY

DEFENDANT

§

CITATION (SMALL CLAIMS OR DEBT CLAIM CASE)

THE STATE OF TEXAS

TO: AETNA HEALTH AND LIFE INSURANCE COMPANY, SERVE REGISTERED AGENT CT CORPORATION 1999 BRYAN ST SUITE 900 DALLAS TX 75201, DEFENDANT in the above case:

This citation is issued pursuant to a petition filed by Plaintiff on **March 07, 2022**. Plaintiff's attorney's name and address, or Plaintiff's address if they have no attorney, are:

Plaintiff's Address

11494 Luna Rd Suite 200

Dallas TX 75234

Plaintiff's Attorney's Name:

Address:

Your answer must be filed with this court, located at 100 W. WEATHERFORD ST. ROOM 450, FORT WORTH TX 76196 OR E-Filed by going to the following link: <https://efiletx.tylertech.cloud/OfsEfsp/ui/landing>

YOU HAVE BEEN SUED. YOU MAY EMPLOY AN ATTORNEY TO HELP YOU IN DEFENDING AGAINST THIS LAWSUIT. BUT YOU ARE NOT REQUIRED TO EMPLOY AN ATTORNEY. YOU OR YOUR ATTORNEY MUST FILE AN ANSWER WITH THE COURT. YOUR ANSWER IS DUE BY THE END OF THE 14TH DAY AFTER THE DAY YOU WERE SERVED WITH THESE PAPERS. IF THE 14TH DAY IS A SATURDAY, SUNDAY, OR LEGAL HOLIDAY, YOUR ANSWER IS DUE BY THE END OF THE FIRST DAY FOLLOWING THE 14TH DAY THAT IS NOT A SATURDAY, SUNDAY, OR LEGAL HOLIDAY. DO NOT IGNORE THESE PAPERS. IF YOU DO NOT FILE AN ANSWER BY THE DUE DATE, A DEFAULT JUDGMENT MAY BE TAKEN AGAINST YOU. FOR FURTHER INFORMATION, CONSULT PART V OF THE TEXAS RULES OF CIVIL PROCEDURE, WHICH IS AVAILABLE ONLINE AND ALSO AT THE COURT LISTED ON THIS CITATION.

ISSUED AND SIGNED on 7th day of March, 2022.

Signed: 3/7/2022 3:33:17 PM

Minanda Baldenas

CLERK OF THE JUSTICE COURT, PCT. ONE
TARRANT COUNTY, TEXAS



JP01-22-SC00015364

OFFICER'S RETURN

SERVICE COPY

I received the attached Citation on _____, 20____, at ____:____.m. and executed the Citation on _____, 20____, at ____:____.m. as detailed below:

I further certify that I delivered to _____ on _____, 20____, at ____:____.m. a copy of this Civil Citation.

IF GRANTED BY THE COURT: ALTERNATIVE SERVICE OF CITATION BY RULE 501.2 (E)(1)

____ (1) MAILING A COPY OF THE CITATION WITH A COPY OF THE PETITION ATTACHED BY FIRST CLASS MAIL TO THE DEFENDANT AT A SPECIFIED ADDRESS, AND ALSO LEAVING A COPY THE CITATION WITH PETITION ATTACHED AT THE DEFENDANT'S RESIDENCE OR OTHER PLACE WHERE THE DEFENDANT CAN PROBABLY BE FOUND WITH ANY PERSON FOUND THERE WHO IS AT LEAST 16 YEARS OF AGE; **OR**

____ (2) MAILING A COPY OF THE CITATION WITH A COPY OF THE PETITION ATTACHED BY FIRST CLASS MAIL TO THE DEFENDANT AT A SPECIFIED ADDRESS AND ALSO BY SECURELY AFFIXING TO THE FRONT ENTRY WAY AT THE SPECIFIED ADDRESS LISTED ON THE ALTERNATIVE SERVICE REQUEST.

ALTERNATIVE SERVICE NOTES: _____

NON-SERVICE RETURNED TO COURT AND NOT SERVED FOR THE FOLLOWING REASONS: _____

FEES:

Service \$ _____
Other \$ _____
Total \$ _____

COURT INFORMATION

JUDGE RALPH SWEARINGIN, JR
JUSTICE COURT, PRECINCT ONE
100 W. WEATHERFORD ST. ROOM 450
FORT WORTH, TX 76196
PHONE NUMBER: 817-884-1395
E-MAIL ADDRESS: JP1COURT@TARRANTCOUNTY.COM

CONSTABLE/SHERIFF, PRECINCT _____

COUNTY, TEXAS

BY: _____, Deputy

FILED
3/7/2022 9:54 AM
Judge Ralph Swearingin
Justice of the Peace, Precinct 1
Tarrant County

PETITION: SMALL CLAIMS CASE

JP01-22-SC00015364

CASE NO. (court use only) _____

MAIL TO PLTF

In the Justice Court, Precinct 1, Tarrant County, Texas

ER Near Me
PLAINTIFF

VS.

Aetna Health and Life Insurance Company 1999 Bryan St, Suite 900 Dallas, TX 75201
DEFENDANT(S)

COMPLAINT: The basis for the claim which entitles the plaintiff to seek relief against the defendant is:
ER Near Me provided medical services and was not paid a fair amount for claim #: ERWZKFNF00

RELIEF: Plaintiff seeks damages in the amount of **\$3,825.73**, and/or return of personal property as described as follows (be specific): _____, which has a value of _____

Additionally, plaintiff seeks the following:

plus all costs of court as allowed by law.

SERVICE OF CITATION: Service is requested on defendants by personal service at home or work or by alternative service as allowed by the Texas Justice Court Rules of Court. Other addresses where the defendant(s) may be served are:

Aetna Health and Life Insurance Company Registered Agent: CT Corporation, 1999 Bryan St. Suite 900, Dallas, TX 75201

☒ If you wish to give your consent for the answer and any other motions or pleadings to be sent to your email address, please check this box, and provide your valid email address: mburk@ernearme24.com

I declare under penalty of perjury, pursuant to the law of the State of Texas, that all information provided is true and correct.

ER Near Me

Petitioner's Printed Name

/s/ Melody Burk

Signature of Plaintiff or Attorney

DEFENDANT(S) INFORMATION (if known):

DATE OF BIRTH: _____

*LAST 3 NUMBERS OF DRIVER LICENSE: _____

*LAST 3 NUMBERS OF SOCIAL SECURITY: _____

DEFENDANT'S PHONE NUMBER: _____

11494 Luna Rd, Suite 200

Address of Plaintiff's Attorney, if any, or Plaintiff if none

Dallas, TX 75234

City

State

Zip

903-227-1875

Phone & Fax No. of Plaintiff's Attorney, if any, or Plaintiff if none
mburk@ernearme24.com